

Town of Fort Myers Beach

PERMIT CANCELLATION REQUEST

Submit original notarized form and payment for any plan reviews performed.

Permit No Project Addres	S	
Job Description		
Name of Owner	Phone	
Contractor:	License No.	
Company Name:	Phone	
Contractor Address:		
Contact Person:	Email:	
Reason for Cancellation		
have no objection to the cancellation of this permit. WARNING: If work has taken place and the permit is 109.4 of the Florida Building Code, failure to obtain a percent of the usual permit fee in addition to the requ	<i>permit</i> and will be subject	
	Signature of License Holo	der ~or~ Property Owner
STATE OF) COUNTY OF)		
Subscribed and sworn to (or affirmed) before me this _by	day of	, 20
(SEAL)	Notary Public Signature	Personally Known